

STATE OF VERMONT  
HUMAN SERVICES BOARD

In re ) Fair Hearing No. 10,647  
 )  
Appeal of )

## INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare denying her application for Medicaid. The issue is whether the petitioner is disabled within the meaning of the pertinent regulations.

## FINDINGS OF FACT

The petitioner is a fifty-one-year-old woman with a tenth grade education. She has a limited work history including short stints (five months to three years) as a waitress, stock clerk, secretary, and fast-food restaurant worker. She has not worked since April, 1990.

The petitioner complains of pain in her neck and left arm and in her lower legs. X-rays done in May, 1991, revealed "mild degenerative change" in the cervical and lumbar spine. A consultative examination by an internist, also in May, 1991, was essentially negative, but suggestive of "nerve entrapment in the neck".

The petitioner is a client of Vocational Rehabilitation Services. At V.R. she took a "MMPI-2" personality inventory test. A psychologist who evaluated the test (but who did not examine the petitioner) gave the following report (dated

February 7, 1991):

#### PROFILE VALIDITY

This is a valid MMPI-2 profile. The client's responses to the MMPI-2 validity items suggest that she cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is an adequate indication of her present personality functioning.

#### SYMPTOMATIC PATTERNS

Individuals with this MMPI-2 profile often show a puzzling pattern of physical symptoms. This symptom pattern includes a great number of vague physical complaints. Profiles of this type tend to come from individuals who have antisocial personality features.

There is a strong possibility that the physical problems here are feigned and manipulative, and that the individual is presenting medical problems to avoid difficult life circumstances or to gain compensation. The possibility that this is a malingering profile should be evaluated carefully. She reports no significant sex-role conflicts.

In addition, the following description is suggested by the content of this client's responses. She views her physical health as failing and reports numerous somatic concerns. She feels that life is no longer worthwhile and that she is losing control of her thought processes. She has acknowledged having suicidal thoughts recently. Although she denies suicidal attempts in the past, given her current mood an assessment of suicidal potential appears indicated. She may feel somewhat estranged from people, somewhat alienated and concerned over the actions of others, and may tend to blame others for her negative frame of mind.

#### INTERPERSONAL RELATIONS

Individuals with this profile tend to be rather exploitative in their interpersonal relationships. They are self-centered and dependent, and control others by complaining of physical symptoms.

The content of this client's MMPI-2 responses suggests the following additional information concerning her interpersonal relations. She feels some family

conflict at this time. However, this does not appear to her to be a major problem in her life.

#### BEHAVIORAL STABILITY

The physical symptoms may be temporary, but the underlying personality problems tend to be quite stable. Her interpersonal style is not likely to change significantly if retested at a later date.

#### DIAGNOSTIC CONSIDERATIONS

The client may be experiencing a Somatoform Disorder with an underlying Personality Disorder. The possibility that she is malingering should be evaluated, however.

#### TREATMENT CONSIDERATIONS

This MMPI-2 profile reflects personality problems that are probably quite resistant to psychological treatment methods. Similar individuals tend to view their problems as largely physical. Thus, she is probably not open to psychological interpretation of her difficulties.

She appears to be an immature individual who has difficulty establishing personal relationships. These problems are likely to carry over into treatment and interfere with establishing a therapeutic alliance.

Individuals with this MMPI-2 profile may use their physical symptoms to manipulate other people. There is a possibility that she is obtaining considerable secondary gain for her symptoms at this time; her symptoms may be allowing her to avoid unpleasant activities or to gain other benefits. Psychological treatment initiated with this patient may be unproductive, as her motivation is questionable. Individuals with this MMPI-2 profile tend to be resistant to insight-oriented therapy and are not likely to remain in treatment long. Caution should be taken if psychopharmacological therapy is considered. Medication abuse or addiction to prescription medication is a possibility in her case.

#### CONCLUSIONS

As the MMPI-2 data point to the possibility of depression, suicidal ideation and a characterological or somatoform disorder, it is recommended that [petitioner] be referred for a complete Mental Status Examination.

In March, 1991, the petitioner underwent the "mental status examination" suggested in the above report. The essential portions of the psychologists' report of this examination are as follows:

Background Information

[Petitioner] came on time for her appointment stating that her main preoccupations at this time were financial. As she lacked money, she and her daughter with whom she lives are on the verge of eviction. She further stated that she is going through a change of life but refuses to take estrogen as recommended by her gynecologist. She is subject to numerous hot flashes as well as sweats and changes in mood.

When asked about her work with Vocational Rehabilitation she tended to ramble on tangents and clearly stated "I don't know" when the question was repeated. At various time [petitioner] reported on various illnesses endured by her uncle, mother and other members of her family which were also a source of considerable distress to her.

Relevant developmental history includes who (sic) apparently was either severely depressed and/or at times psychotic. [Petitioner's] recollection of her mother's illnesses were vague as she was in her early adolescence. By in large as the oldest of three she was raised by an aunt and grandparents. She also reported that mother lapsed in diabetic coma on several occasions, was subject to considerable nervousness and was hospitalized in the Connecticut psychiatric facility at that time.

Mother was exceedingly upset when she married in 1971. She had one daughter from this union. The marriage ended within two years as she described her husband as "unbalanced", an abusive drinker and perhaps subject to psychoticism as he frequently used Thorazine as a medication.

[Petitioner] does not report any prior psychological assistance for herself either on an inpatient or outpatient basis. She reported some fears of undertaking psychotherapy as she might like her mother become dependent upon it. She reported that her sister has received psychological assistance due to her addiction to drugs. When asked about current psychological problems she reported that her stomach was in knots, on fire and she felt nauseous at various

times through the day. She related this to her current lack of a job and pending eviction.

On more formal aspects of the mental status her cognitive skills proved to be within the normal and average range. There is no evidence of any kind of impairment. She has good comprehension and calculating abilities. By estimate she is of average intelligence, oriented as to time, place and person and suffers from no major affective disorder.

Her thinking and conversation evidenced loose associations, concreteness, vagueness and occasional digression. At times her affect was exaggerated and inappropriate. She appeared to tear with the slightest provocation. At still other times she appeared to be confused or avoided answering questions by going off on tangents. Her coping skills appear to be somewhat limited and problem solving abilities are thwarted by abstract complexity and anxiety.

In brief, the inperson interview produces a profile of a person who is in the midst of severe financial problems. Anxiety and other emotions are experienced as bodily sensations. At the time of the interview, it clearly appeared that relief of financial problems would also relieve somatic dysfunction. It is further not likely that she would seek treatment for other psychological issues.

MMPI:

The inperson interview corroborates to a high degree the findings profiled on the MMPI. As previously noted [petitioner] views problems as largely physical. She tends to translate her emotional distress into physical symptoms. As stressors are alleviated then physical symptoms likewise subside.

It is important to note that this is a largely unconscious process for [petitioner] and is not attributable to malingering. The use of physical complaints is likely a well learned and established pattern dating back to her family or origin and is used as a coping resource in critical times such as these.

While [petitioner] admits to suicide ideation she has no firm plan. The interview also corroborates difficulties in interpersonal relationships and a certain immature personality style.

In brief, [petitioner] is actively seeking financial compensation to avoid eviction. The use of physical complaints and symptoms is one of these coping skills

that unfortunately is not very adaptive for her.

Summary:

[Petitioner] is a once divorced woman who lives with her adult daughter and is currently facing eviction procedures. [Petitioner] appears much younger than her 50 years of age which undoubtedly contributes to a somewhat immature personality style. Under the current severe stress [petitioner] experiences the psychological aspects of difficulties as physical symptoms. This appears to be related to early learning in the family.

Currently [petitioner] is working with Vocational Rehabilitation to secure work. She was able to articulate certain well defined limits to this type of work (retailing, part-time, close to home). In addition to the tendency to summarize (sic) under stressful conditions [petitioner's] chief psychological problem seems to be one of a character disorder. By presentation her personality exhibits traits of an avoidant and schizotypal nature. However the preponderance of evidence is toward the first descriptor. She manifests considerable fears regarding the disapproval of others. She greatly fears negative evaluation and is generally timid in interpersonal relationships. She has a reduced capacity for interpersonal stress and under those circumstances has few coping resources. She is also interpersonally constricted and defends against possible criticisms through a somewhat immature and girlish style.

It is also important to note that [petitioner] manifests some peculiarities of ideation and behavior such as some loose association, vagueness and a tendency to digress in stressful interpersonal conversations.

Her vocational strengths lie in her good communication skills, average range of cognitive abilities as well as an average tolerance for detail and recall. Her liabilities include limited problem solving and reasoning abilities particularly in the areas that are more complex, unusual and abstract. Her coping skills are limited in such a way to prevent her from dealing well with unplanned change. She has a tendency to ramble and not attend to external realities. This may make her error prone. She may also have interpersonal problems with co-workers and persons in authority.

In brief, this is a fragile person who summarizes (sic) under stress. As noted in the MMPI the situation is rather stable and/or chronic.

Diagnosis:

Axis I	300.70	Undifferentiated Somatiform Disorder
Axis II	301.82	Avoidant Personality Disorder
(Primary)		
Axis III		No Physical problems reported
Axis IV		Psychosocial Stressors: 4 - severe
		(financial, occupational,
interpersonal		
Axis V		Global Assessment of Functioning:
		Current: 50
		Past Year: 60

Recommendations:

1. Psychological counseling is not recommended at this time. This should only be implemented in (sic) [petitioner] initiates the request.
2. Immediate attention needs to be given to her housing/financial problem. This is quite likely to reduce her physical symptoms and her psychological distress.
3. A protective working environment may be necessary to reintroduce [petitioner] to the work world. Vocational Rehabilitation services are likely to be useful in this case.

The Department (D.D.S.) concedes that at present the petitioner's emotional problems keep her from performing any substantial gainful activity. Based on the above reports (which are entirely uncontroverted by any other treating or examining medical source), however, it is further found that the petitioner's problems are longstanding and chronic-- i.e., that they have lasted or will continue to last at least twelve consecutive months. At most, the petitioner is capable of working in a "protective environment".

ORDER

The Department's decision is reversed.

REASONS

Medicaid Manual Section M211.2 defines disability as follows:

Disability is the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, or combination of impairments, which can be expected to result in death or has lasted or can be expected to last for a continuous period of not fewer than twelve (12) months. To meet this definition, the applicant must have a severe impairment, which makes him/her unable to do his/her previous work or any other substantial gainful activity which exists in the national economy. To determine whether the client is able to do any other work, the client's residual functional capacity, age, education, and work experience is considered.

In this case uncontroverted medical evidence establishes that the petitioner suffers from a severe and chronic (i.e., of at least 12 months duration) personality disorder that prevents her from working in anything but a sheltered or protective environment. Since such work would not meet the definition of "substantial gainful activity" (see 20 C.F.R. § 416.973(c)), it must be concluded that the petitioner meets the above definition of disability. See 20 C.F.R. § 416.920a. Therefore, the Department's decision is reversed.

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